



CITY OF SAINT PAUL

Office of Human Resources
25 West Fourth Street, Suite 200
Saint Paul, Minnesota 55102-1634
Fax: 651-266-6490

VETERAN'S PREFERENCE

COMPLETE THIS FORM *ONLY* IF YOU ARE A VETERAN *AND* ARE CLAIMING VETERAN'S PREFERENCE

The City of Saint Paul honors veteran's preference to qualified applicants in accordance with MN Statute 43A.11. **You must submit a PHOTOCOPY of your DD214 or other military documents to substantiate the service information requested on this form.** Requests not accompanied by proper documentation will not be processed. For assistance in obtaining a copy of your DD214, contact the Veteran's Service Office at (651) 757-1568.

Non-Promotional Exams:

To qualify for veteran's preference for a **non-promotional competitive exam**, you must pass the exam **and** have been:

- separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days, **or**
- by reason of disability incurred while serving on active duty, **or**
- met the definition of a veteran as defined by Minn. Statute 197.447.

Veteran's preference may be used by the surviving spouse of a deceased veteran and by the spouse of a disabled veteran who died on active duty, and by the spouse of a disabled veteran who is unable to qualify because of the disability.

If the exam is pass/fail, and if the hiring manager chooses to conduct interviews, an interview will be granted as the veteran's preference. A veteran who receives a passing score on a ranked competitive exam can elect to receive a credit of five points. Disabled veterans with a passing score on a ranked competitive exam can elect to receive a credit of ten points.

Promotional Exams:

To qualify for five preference points on a promotional exam, a veteran must have a passing exam score, and received a USDVA active duty service connected disability rating of 50% or more. Disabled veterans eligible for such preference may use the five point's preference only for the first promotion after securing City employment. (Minn. Stat. 197.455)

General Information:

- At the time of application *and* by the application deadline of the position for which you are applying, upload your DD214 and/or other military documents.
- If your DD214 is submitted to our office separate from this sheet, please attach a note indicating the position for which you are applying and your present address.
- (*Note: Completion of this form is optional. However, in the event you are claiming veteran's preference your DD214 and other military documents are **required**)

FOR OFFICE USE ONLY☐ Interview ☐ 5 Points ☐ 10 Points ☐ Not Approved☐ Approved by: _____ Date: _____**VETERAN'S PREFERENCE**

Name (LAST) (FIRST) (M)	SOCIAL SECURITY NUMBER	POSITION APPLIED FOR
ADDRESS (STREET)	PHONE NUMBER	ARE YOU A US CITIZEN OR RESIDENT ALIEN?
(CITY) (STATE) (ZIP)		<input type="checkbox"/> YES <input type="checkbox"/> NO

VETERANS: (DD214 must be submitted to receive preference)

Have you served on active military duty without interruption for 181 days or more, or met the definition of a veteran as defined by MN Statute 197.447? ☐ YES ☐ NO

Type of Separation ☐ Honorable ☐ Medical ☐ Other

FOR DISABLED VETERANS: (DD214 and USDVA letter of disability must be submitted to receive preference)

Percent of Disability _____%

Is your disability permanent? ☐ YES ☐ NO

Have you ever been promoted in City of Saint Paul employment? ☐ YES ☐ NO

Are you applying for your one time promotional preference points now? ☐ YES ☐ NO

FOR SPOUSES OF DECEASED VETERANS:

(Attach DD214, photocopy of marriage certificate, spouse's death certificate, and proof veteran died on or as a result of active duty must be submitted to receive preference. You are ineligible to receive preference if you have remarried or were divorced from the veteran.)

Date of Death: _____

Have you remarried? ☐ YES ☐ NO

FOR SPOUSES OF DISABLED VETERANS:

(Attach DD214 and USDVA letter of disability must be submitted to receive preference)

Due to veteran's service-connected disability the veteran is unable to qualify for this position because (Be Specific):

AFFIDAVIT: *I hereby claim veteran's preference for this examination and swear/affirm that the information given is true, complete, and correct to the best of my knowledge. I hereby authorize the Veteran's Administration to release information necessary to process this application to the City of Saint Paul, Office of Human Resources.*

Signature

Date